

FILED

NOV 13 2018

Mark C. McCartt, Clerk  
U.S. DISTRICT COURT

IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF OKLAHOMA

UNITED STATES OF AMERICA,

Plaintiff,

v.

Case Number: 09-CR-043/13-CV-145

LINDSEY KENT SPRINGER,

Defendant.

MOTION FOR LEAVE TO PROCEED IN FORMA PAUPERIS  
AND SUPPORTING AFFIDAVIT

I, Lindsey Kent Springer ("Springer"), hereby move for leave to proceed on appeal without having to pay fees and costs or give security thereof.

This Court issued a Certificate of Appealability ("COA") in its August 30, 2018 order listed in Springer's Notice of Appeal. After speaking with the United States Court of Appeals for the Tenth Circuit on how to proceed with the forms provided, Springer proceeds with the Motion and Affidavit herein explaining that Springer needs the In Forma Pauperis status to then qualify for the Appointment of Counsel under the Criminal Justice Act, i.e. 18 U.S.C. § 3006A. Springer was previously granted the Appointment of Counsel in the most recent appeal from the October 20, 2015 order issued by this Court in USA v. Springer, 15-5109(10th Cir. decided November 13, 2017).

1. Are you or your spouse currently employed? Yes X No     

2. If you or your spouse are currently employed, state the name and address of your employer, the length of your employment with that employer, and your monthly gross pay. Gross pay is pay before any taxes or other deductions are taken. If you have more than one employer, please provide the information requested below about the other employer(s) on a separate sheet of paper and attach it to this application.

I have no spouse and my employer is the Bureau of Prisons, 2113 N. Hwy 175, Seagoville, Texas 75159. I have been employed here since April 1, 2016. My Monthly Gross Pay averages appx. \$ 180.00 per month with bonus possible.

3. Since I am currently employed the 3rd question on CV-04(4/09) is not applicable.

Monthly gross pay during last month of employment \$ \_\_\_\_\_

4. State whether you or your spouse have received money from any of the following sources during the past twelve months, and, if so, the average monthly amount from that source. Adjust any money that was received weekly, bi-weekly, quarterly, semi-annually, or annually to show the monthly rate.

Did you receive money from any of the following sources during the past 12 months?	Average monthly amount during past 12 months for you and your spouse if applicable.	Amount expected next month	
		You	Spouse
Self-employment	Y/N <u>N</u>	\$ _____	\$ _____
Income from real property (such as rental income)	Y/N <u>N</u>	\$ _____	\$ _____
Interest and dividends	Y/N <u>N</u>	\$ _____	\$ _____
Gifts	Y/N <u>Y</u>	\$ <u>200</u>	\$ <u>?</u>
Alimony	Y/N <u>N</u>	\$ _____	\$ _____
Child Support	Y/N <u>N</u>	\$ _____	\$ _____
Retirement income from sources such as social security, private pensions, annuities, or insurance policies	Y/N <u>N</u>	\$ _____	\$ _____
Disability payments such as social security, other state or federal government, or insurance payments	Y/N <u>N</u>	\$ _____	\$ _____
Unemployment payments	Y/N <u>N</u>	\$ _____	\$ _____
Public assistance payments such as welfare payments	Y/N <u>N</u>	\$ _____	\$ _____
Other sources of money (specify: <u>Bonus</u> )	Y/N <u>Y</u>	\$ <u>80</u>	\$ <u>-0-</u>
TOTAL		\$ <u>460</u>	\$ _____

5. State the amount of cash you and your spouse have: \$ \_\_\_\_\_

State below any money you or your spouse have in savings, checking, or other accounts in a bank or other financial institution.

Bank or Other Financial Institution:	Type of Account such as savings, checking, or CD:	Amount you have:	Amount your spouse has:
<u>BOP-Trulinks</u>	<u>Institutional</u>	\$ <u>1300</u>	\$ <u>N/A</u>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

6. State below the assets owned by you and your spouse. Do not list ordinary household furnishings and clothing.

None

<b>Home</b>	Address: _____	Value: \$ _____
	_____	Amount owed on mortgages and
	_____	liens: \$ _____
<b>Other real estate</b>	Address: _____	Value: \$ _____
	_____	Amount owed on mortgages and
	_____	liens: \$ _____
<b>Motor vehicle make/</b>	Model/Year: _____	Value: \$ _____
		Amount owed: \$ _____
<b>Motor vehicle make/</b>	Model/Year: _____	Value: \$ _____
		Amount owed: \$ _____
<b>Other</b>	Description: _____	Value: \$ _____
	_____	Amount owed: \$ _____

7. State below any person, business, organization, or governmental unit that owes you or your spouse money and the amount that is owed.

Name of Person, Business, or Organization that Owes You or Your Spouse Money	Amount Owed You:	Amount Owed Your Spouse:
<u>None</u>	\$ _____	\$ _____
_____	\$ _____	\$ _____

8. State the individuals who rely on you and your spouse for support. Indicate their relationship to you, their age, and whether they live with you.

Name (or, if under 18, initials only)	Relationship	Age	Does this person live with you?	
<u>None</u>	_____	_____	Yes _____	No _____
_____	_____	_____	Yes _____	No _____
_____	_____	_____	Yes _____	No _____
_____	_____	_____	Yes _____	No _____

9. Complete this question by estimating the average monthly expenses of you and your family.

Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, bi-weekly, quarterly, semi-annually, or annually to show the monthly rate.

	You	Spouse
Rent or home mortgage payment (include lot rented for mobile home)	\$ <u>None</u>	\$ _____
Are real estate taxes included? Yes ____ No ____		
Is property insurance included? Yes ____ No ____		
Utilities: Electricity and heating fuel	\$ <u>None</u>	\$ _____
Water and sewer	\$ <u>None</u>	\$ _____
Telephone	\$ <u>75</u>	\$ _____
Other <u>Trulinks/Messaging</u>	\$ <u>50</u>	\$ _____
Home maintenance (Repairs and upkeep)	\$ <u>None</u>	\$ _____
Food	\$ <u>180</u>	\$ _____
Clothing	\$ <u>20</u>	\$ _____
Laundry and dry cleaning	\$ <u>7</u>	\$ _____
Medical and dental expenses	\$ <u>2</u>	\$ _____
Transportation (not including car payments)	\$ <u>None</u>	\$ _____
Recreation, clubs and entertainment, newspapers, magazines, etc.	\$ <u>None</u>	\$ _____
Charitable contributions	\$ <u>40</u>	\$ _____
Insurance (not deducted from wages or included in home mortgage payments)		
Homeowner's or renter's	\$ <u>None</u>	\$ _____
Life	\$ <u>None</u>	\$ _____
Health	\$ <u>None</u>	\$ _____
Auto	\$ <u>None</u>	\$ _____
Other _____	\$ <u>None</u>	\$ _____
Taxes (not deducted from wages or included in home mortgage payments) (specify) _____		\$ _____
Installment payments		
Auto:	\$ <u>None</u>	\$ _____
Credit Card: (name) _____	\$ <u>None</u>	\$ _____
Department Store: (name) _____	\$ <u>None</u>	\$ _____
Other _____	\$ <u>None</u>	\$ _____
Other _____	\$ <u>None</u>	\$ _____
Alimony, maintenance, and support paid to others	\$ <u>None</u>	\$ _____



Payments for support of additional dependents not living at your home

\$ None \$           

Regular expenses from operation of business, profession, or farm

(attach detailed statement) Stamps, Copy Cards, Type Ribbon \$ 50 \$           

Other FRP Envelopes, Correct Ribbon \$ 25 \$           

TOTAL MONTHLY EXPENSES \$ 449 \$           

10. Do you expect any major changes to your monthly income or expenses during the next four months?

Yes X No           

*If yes, describe.* I am changing jobs where the pay will be apprx. \$ 90

11. Have you paid an attorney any money for services in connection with this case, including the completion of this form? Yes            No X

If yes, how much? \$           

If yes, provide the name, address, and telephone number of the attorney:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Have you promised to pay or do you anticipate paying an attorney any money for services in connection with this case, including the completion of this form? Yes            No X

If yes, how much? \$           

If yes, provide the name, address, and telephone number of the attorney:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Have you paid anyone other than an attorney (such as a paralegal, typing service, or another person) any money for services in connection with this case, including the completion of this form?

Yes            No X

If yes, how much? \$           

If yes, provide the name, address, and telephone number of the person or service:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Have you promised to pay or do you anticipate paying anyone other than an attorney (such as a

paralegal, typing service, or another person) any money for services in connection with this case, including the completion of this form? Yes \_\_\_\_\_ No X

If yes, how much? \$ \_\_\_\_\_

If yes, provide the name, address, and telephone number of the person or service:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Please provide any other information that helps to explain why you are unable to pay the docket fees.

16. State the city and state of your legal residence:

I am in Federal Prison.

Lindsey Kent Springer, Reg. # 02580-063

Federal Satetllite Camp, P.O. Box 9000

Seagoville, Texas 75159

Your daytime phone number:

( ) \_\_\_\_\_

Your age: 53

Years of schooling: High School Graduation

Last 4 digits of your social security number: 3758

I declare under penalty of perjury that the above information is true and correct.

Date: November 6, 2018

Signed: \_\_\_\_\_



Print Name: Lindsey Kent Springer

CERTIFICATE OF SERVICE

I hereby certify that on November 6, 2018, I sent by U.S. Mail, First Class, Postage Prepaid, the above Motion for Leave to Proceed In Forma Pauperis and Supporting Affidavit to the Clerk of Court at 333 West Fourth Street, Tulsa, Oklahoma 74103;

I further certify that the following persons are registered ECF users and shall receive service of the above Motion for Leave to Proceed In Forma Pauperis and Supporting Affidavit for the United States of America through the ECF system:

R. Trent Shores  
Jeffrey A. Gallant  
Charles A. O'Reilly

  
Server

DECLARATION OF MAILING

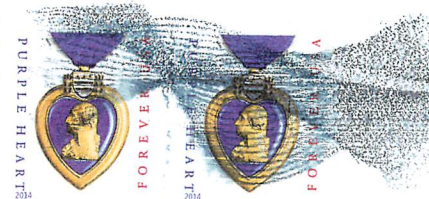
I declare under the penalty of perjury pursuant to 28 U.S.C. § 1746(1), under the laws of the United States of America, that on November 6, 2018, I deposited the above Motion for Leave to Proceed In Forma Pauperis and Supporting Affidavit in the U.S. Mailbox located in Seagoville Federal Prison Camp to the address for the Clerk of Court listed above.

  
Declarant

Name Lindsey Kent Springer  
Reg. No. 02580-063  
FEDERAL CORRECTIONAL INSTITUTION  
P.O. Box 9000  
Seagoville, TX 75159-9000

NORTH TEXAS TX P&DC  
DALLAS TX 750  
7 NOV 2018 PM 8L

09-CR-43-SPF



*Post Marked Illegible*

*"Legal Mail"*

RECEIVED

NOV 13 2018

Mark C. McCartt, Clerk  
U.S. DISTRICT COURT

⇔02580-063⇔

Clerk Of Court  
Northern District of Okla  
333 W 4TH ST  
Tulsa, OK 74103  
United States

74103-383838

